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AIDS Activists Get Aggressive --- South Africa's TAC Plans Civil Disobedience to Focus on Drugs

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A BRASH AND SAVVY AIDS activist group is about to take a dramatic step to push the South African government to provide AIDS drugs in public hospitals and clinics: mass civil disobedience. The protest action, to begin this week and last for seven days, is believed to be the first time in Africa that AIDS patients will have broken the law en masse to demand treatment.

The plan exposes the desperation many South African AIDS patients feel toward their government, which so far has not offered AIDS drugs, called antiretrovirals, even as other developing countries, such as Brazil and Botswana, have embarked on programs to do so. The action also spotlights one of the most effective activist organizations to arise in democratic South Africa.

Treatment Action Campaign, or TAC, has so far kept its protest plan secret, except to say that it will be nonviolent. In addition to perhaps thousands of South Africans who will carry out vigils and protests, the group expects 600 people to risk arrest, symbolizing the number of people estimated to die of AIDS every day in South Africa. Surveys show that more than 4.5 million South Africans -- about a tenth of the total population -- are HIV-positive, and the vast majority of them cannot afford the antiretroviral drugs that suppress the virus and prolong life.

TAC accuses the government of delaying and obstructing the provision of antiretrovirals in the public sector, a charge the government denies. The group says it has exhausted other tactics, from working with the government to mass marches. Now, TAC leader and co-founder Zackie Achmat says nonviolent "civil disobedience is the only means we have of shaming the government and bringing home the sense of urgency."

TAC gets its urgency from the fact that many of its own members have died of AIDS, and from Mr. Achmat's vow not to take antiretroviral drugs, which he could receive from his contacts abroad, until the government launches a program to offer them in the public sector. The deteriorating health of Mr. Achmat, who is HIV-positive, recently prompted former President Nelson Mandela to urge him to take AIDS medicine.

"If I was the sole leader of TAC, we probably wouldn't have a civil disobedience campaign," says TAC co-chairman Mark Heywood.

A little more than four years ago, when TAC was founded, its demonstrations were poorly attended and barely noticed by the media. But TAC blended the strategies of the anti-apartheid movement, which mobilized a broad range of civic groups, and American AIDS activism, which pioneered patient involvement in medical research. Mr. Achmat, who was jailed for his anti-apartheid activity and was also a leading gay activist, had close ties to both these movements.

In fact, TAC shows how local activism in developing countries can benefit from globalization. TAC's major funders are based in Germany, Ireland and the U.S., and the group, which doesn't accept donations from the government or pharmaceutical companies, now has an annual budget of more than a million dollars.

Through its "treatment literacy campaign," TAC has taught thousands of South Africans, many of whom are poor and undereducated, about the science and treatment of AIDS. Before TAC's high-profile activities, many South Africans didn't even know that AIDS could be treated.

The group has also dramatized the high costs of medicine. Mr. Achmat broke the law once before by bringing numerous doses of a generic version of Pfizer Inc.'s anti-fungal drug Diflucan into the country in his suitcase. At a packed news conference, TAC members held up the two identical drugs and pointed out that Pfizer's was 15 times more expensive. Pfizer later agreed to donate its drug to South Africa's state health-care system.

For its part, the South African government insists that TAC's intensified pressure is misguided. A task team is in the final stages of costing out antiretroviral treatment, and while some cabinet ministers remain skeptical about the drugs' utility, other officials predicted that the government will soon announce a plan to provide the drugs. A major reason it hasn't done so yet, says Ayanda Ntsaluba, the country's director general of health, is because the government wants to make sure that the huge required expenditure, which experts have said could reach 2% of the country's gross domestic product, garners the best results and minimizes the emergence of drug-resistant strains.

Government officials also point out that the ministry of finance has sharply increased the AIDS budget over the past three years, allocating what many experts say is enough money to start a treatment program and maintain or expand the other elements of the government's broad anti-AIDS program, which includes vaccine research, behavioral prevention, and treatment for the opportunistic infections from which AIDS patients suffer. So, says the government spokesperson, Joel Netshitenzhe, "There is no need for anyone to engage in a campaign of civil disobedience."

But "it's impossible to take it on faith when the government says to just be patient," says TAC's Mr. Heywood.

Relations between the government and many AIDS workers have been poisoned by one of the most bizarre chapters in the history of the epidemic. Echoing the fringe arguments of AIDS "denialists," South African President Thabo Mbeki began in 2000 to publicly doubt whether HIV causes AIDS and whether AIDS drugs are too toxic.

In April, the cabinet announced that it accepts the premise that HIV causes AIDS and that antiretroviral drugs can help those who contract it. But the government has yet to issue a concrete plan.

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